

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

**APPROVED AND FILED**

95 APR 24 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N37683 (2)**  
 1. Corporation Name  
**WYNDAM FOREST HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business: C/O PROPERTY MANAGEMENT SYSTEMS, INC. P O BOX 1408 FERNANDINA BEACH FL 32034  
 Mailing Address: C/O PROPERTY MANAGEMENT SYSTEMS, INC. P O BOX 1408 FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1990**  
 3a. Date of Last Report: **03/28/1994**

4. FEI Number: **59-2987280**  
 Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 2215 E State Rd 200  
 2a. Mailing Address: 26 P O Box 1408

22 Suite, Apt. #, etc.  
 27 Suite, Apt. #, etc.

23 City & State: Yulee Florida  
 28 City & State: Fernandina Beach FL

24 Zip: 32097  
 25 Country: US  
 29 Zip: 32035-1408  
 30 Country: US

9. Name and Address of Current Registered Agent  
**POWELL, TERRELL J.**  
**PROPERTY MANAGEMENT SYSTEMS**  
**1090 SOUTH 14TH STREET, STE 105**  
**AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): **2215 E State Rd 200**  
 83  
 84 City: **Yulee** FL 85 Zip Code: **32097**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **SD**  
 NAME: **DRAGIFF, MATTHEW**  
 STREET ADDRESS: **3833 HABERSHAM FOREST DR.**  
 CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **D**  
 NAME: **LANDY, JOHN**  
 STREET ADDRESS: **3881 HABERSHAM FOREST DR.**  
 CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **STD**  
 NAME: **DAVIS, GARY**  
 STREET ADDRESS: **3826 FAIRBANKS FOREST DR.**  
 CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

21 TITLE: **PD**  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

31 TITLE: **VPD**  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

41 TITLE:  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

51 TITLE:  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

61 TITLE:  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *[Signature]* 3/23/95 206-9449  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR